Older the Laperwork Reducti	UITACLUI 1995	no persons are requ	med to re	spond to a conectio	II OI IIIOI	madon unie	aa ii ulapio	ays a valid Civib Condol number	
Effect	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nur	10/566,47	666,476 Conf. No.: 5098			
FEE TRANSMITTAL			Filing Date Jar		January 3	1, 2006			
For FY 2009				First Named Inv	Kazuhiro MURATA				
				Examiner Name		N. Sultana			
Applicant claims small entity status. See 37 CFR 1.27			7 	Art Unit	1791	791			
TOTAL AMOUNT OF PAYMENT (\$) 1,170.00				Attorney Docket No. 02			0234-0507PUS1		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
·	FILING F	FILING FEES		SEARCH FEES EXAM			N FEES		
Application Type		nall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee	/_	Entity	Fees Paid (\$)	
Utility	330	165	540	270	220		10		
Design	220	110	100	50	140		70		
Plant	220	110	330	165	170		35		
Reissue	330	165	540	270	650	•	-		
Provisional	220	110	0	0	05(-		
2. EXCESS CLAIM FEE		110	U	U	,	,	0	Small Entity	
Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 52 26									
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)							390	195	
25 - 20 or HP =	Extra Claims 0	<u>Fee (\$)</u> x		<u>e Paid (\$)</u> 0.00			Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total							ree (a)	ree raiu (\$)	
Indep. Claims	Extra Claims			Paid (\$)					
1 - 3 or HP = HP = highest number of indep				0.00					
3. APPLICATION SIZE F	•	ald for, if greater tria	iii J.						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 =	0	_ / 50 =	0	_ (round up to a w				= 0.00	
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Extension of Time/RCE 1,170.00									
SUBMITTED BY									
ignature -we	A) a) H42874	F	Registration No. 3	2181		Telepho	one 703-205-8000	
(Attorney/Agent) SZ 161 (Attorney/Agent) Attorney/Agent SZ 161 (Attorney/Agent SZ 161 SZ 161									
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.